

Larimer Home Improvement Program

(LHIP)

Please read and fill out this application carefully, incomplete or missing information will cause a delay in approval and possible denial of your application. All forms must be signed and completed, if you have questions about a form or required information please contact the LHIP office at 970-635-5931.



Program administered by the Housing Authority of the City of Loveland
375 W. 37th ST. Suite 200
Loveland, CO 80538
970-635-5931

5/13/2010



Repair and Rehab LOAN APPLICATION
(Incomplete applications will not be processed)

Owners Name: _____ SS # _____
DOB: ____/____/____
Owners Name: _____ SS # _____
DOB: ____/____/____

Property Address: _____
Mailing Address: _____ City, State, Zip Code: _____
Daytime Phone #: ____/____/____ Home Phone #: ____/____/____
Are you in the City Limits of Fort Collins _____, Loveland _____, or in Larimer County only? _____

Other Owner(s) Names: (list below any other owners of the property as listed on the Deed of Trust or Mobile Home Title)
Name: _____
Address: _____ City, State, Zip Code: _____

Legal Description of Property (as stated on property tax valuation) – if applicable:
Lot _____ Block _____ Subdivision _____ Qtr Section _____
_____ Section _____ Township _____ Range _____

Type of Structure: Single Family Dwelling Mobile Home Other

PROPERTY INSURANCE INFORMATION:
Property Insurance Coverage Amount: \$ _____ Flood Insurance Amount: \$ _____

MORTGAGE INFORMATION:
Mortgage Holder Name: _____ Account # _____
Address: _____ City: _____ State: _____ Zip: _____
Date Property Purchased: _____ Original Purchase Price: \$ _____ Down Payment: \$ _____
Original Mortgage Amount: \$ _____ Current Mortgage Amount: \$ _____

Other Mortgages: Yes No
Mortgage Holder Name: _____ Account #: _____
Address: _____ City: _____ State: _____ Zip: _____
Approximate Amount Still Owed: \$ _____ Any Other Mortgages: _____

Approximate Current Market Value of Property: \$ _____

INCOME VERIFICATION: List below all occupants of the household and gross annual incomes/salaries*:

Head-of-household: _____ Gross Income: \$ _____ per year

Place of employment: _____ Occupation: _____ How long? _____

Employers Phone: _____ / _____ Address of employer: _____

Spouse: _____ Gross Income: \$ _____ per year

Place of employment: _____ Occupation: _____ How long? _____

Employers Phone: _____ / _____ Address of employer: _____

Other Income Sources (see below for list of sources):

_____ Amount: \$ _____

_____ Amount: \$ _____

_____ Amount: \$ _____

Do you rent out any portion of the home? Yes ___ No ___ Rent received \$ _____ per month

Combined household gross income per year: \$ _____

Gross income is the combined household income which includes, but is not limited to: job earnings, social security income, income (for you or your child/children) from social services, AFDC, VA benefits, unemployment benefits, military pay, workers' compensation payments, alimony, income from pensions or retirement plans or income from securities, stocks, bonds, etc. If an adult child (over age 18) or other adult is living in the home that income must be reported also.

BANKING INFORMATION:

Name of Bank: _____

Checking Average Balance: \$ _____ Income: \$ _____

Savings Average Balance: \$ _____ Income: \$ _____

PLEASE LIST ANY OTHER ASSETS* AND THEIR VALUE:

Asset: _____ Value: \$ _____ Income:(if any)\$ _____

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*Assets may include savings accounts, checking accounts, stocks, bonds, or other investment accounts, IRA 's or other retirement funds, collections such as jewelry, coins, etc., value of insurance policies.

MONTHLY HOUSING EXPENSES:

<u>Expense</u>	<u>Monthly Payments</u>	<u>Balance Due</u>
Current Mortgage(s)*	\$ _____	\$ _____
Homeowners Insurance	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____
Lot Rent	\$ _____	\$ _____
Heat & Utilities	\$ _____	\$ _____
Car Payments	\$ _____	\$ _____
Credit Card	\$ _____	\$ _____
Other	\$ _____	\$ _____

(Add additional sheet if needed)

OCCUPANTS OF THE HOME: List all occupants & their age; include persons completing this application.

Name _____ Age _____ Name _____ Age _____

Property Information:

Total living area: _____ square feet
Number of Bedrooms: _____
Lot size or acreage: _____
Basement: Yes _____ No _____
Approximate year home was built: _____

Number of Rooms: _____
Number of Bathrooms: _____
Type of Heat: _____
Crawl Space: Yes _____ No _____

If home is more than 50 years old has it been modified for original structure? _____Yes _____No

Please attach the required documents for loan approval (loan will not be processed unless all documents are included):

- ✓ **Most recent pay-stubs for all parties in the household that work.
Or Social Security letter showing monthly income amount.**
- ✓ **Tax's and w-2's 1 year, unless self employed then 2 years are required.**
- ✓ **Copy of a current utility bill.**
- ✓ **All occupants must have a signed Affidavit of Legal Status attached to this application. (adult or parent must sign for all children under age 18)**

Tell us why you are applying for this loan: (attach an additional page if necessary)

APPLICANT ' S CERTIFICATION
<p>To qualify you for this loan, we will be inspecting your home, checking your credit history, employment history, banking records, and mortgage rating. You are authorizing us to inspect your home and check into these records by signing this application.</p> <p>The Applicant certifies that all information in this application, and the information furnished in support of this application, is given for the purpose of obtaining assistance through the Larimer Home Improvement Program, and is true, complete, and correct to the best of his/her knowledge and belief.</p> <p>PENALTY FOR FALSE OR FRADULENT STATEMENT, U.S.C. Title 18, Sec. 1001 provides: "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both."</p> <p>This information is being obtained for the purpose of receiving assistance through the Larimer Home Improvement Program. I understand this assistance becomes a loan and must be paid back in the form of monthly payments and paid in full in the event of death or sale of the property. I agree to be available between the hours of 8:00 a.m. and 3:00 p.m. to sign a certification of work when the work is completed. If I do not comply with this process, I understand I will be responsible for the payment to the contractor(s).</p> <p>Signature: _____</p> <p>Signature: _____</p>

PRIVACY ACT NOTICE STATEMENT-This information is to be used by the agency collecting it in determining whether you qualify as a prospective mortgagor for insurance or guaranty or as a borrower for a rehabilitation loan under the agency=s program. It will not be disclosed outside the agency without your consent except to financial institutions for verification of your deposits as required and permitted by law. You do not have to give us this information, but if you do not, your application for approval as a prospective mortgagor or for mortgage insurance or guaranty or as a borrower for a rehabilitation loan may be delayed or rejected. This information request is authorized by Title 38,U.S.C. Chapter 37 (if VA); by 12 U.S.C.,Section 1701 et seq., (if HUD/FHA); and by 42 U.S.C., Section 145b (if HUD/CPD). All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap or national origin in compliance with the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973. The Housing Authority of the City of Loveland does not discriminate on the basis of handicapped status in the admission or access to its facilities, or treatment of or employment in its federally assisted programs.



Administered by the Housing Authority of the City of Loveland
375 West 37th Street, Suite 200, Loveland, CO 80538
970-635-5931 – Fax 970-278-9904 – TDD 970-667-3293

Information Disclosure Authorization

TO WHOM IT MAY CONCERN:

I/We hereby authorize you to release to the Housing Authority of the City of Loveland for the Larimer Home Improvement Program the following information for verification purposes:

Employment history, dates, title, income, hours worked, etc.

Banking and savings account of record

Mortgage loan rating (opening date, high credit, payment amount, last loan balance and payment record

Any information deemed necessary in connection with a consumer credit report for a real estate transaction

This information is for the confidential use of this lender in compiling a loan credit report.

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signatures of the undersigned) may be used as a duplicate original.

Your prompt reply will help my loan transaction.

Thank you,

Signature _____ Social Security Number _____

Signature _____ Social Security Number _____

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PLEASE ATTACH COPY OF DL or ID

Exhibit E

AFFIDAVIT OF LEGAL RESIDENCY

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

___ I am a United States citizen, or

___ I am a Permanent Resident of the United States, or

___ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit or I am a sole proprietor entering into a contract or purchase order with the State of Colorado. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit or prior to entering into a contract with the State. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Name (please print)

Please Attach Copy of DL or ID

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Signature

Date

Name (please print)

Request for Verification of Rent or Mortgage Account

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: Lender - Complete items 1 through 8. Have applicant(s) complete item 9. Forward directly to depository named in item 1. Landlord/Creditor - Please complete items 10 through 18 and return directly to lender named in item 2. The form is to be transmitted directly to the lender and is not to be transmitted through the applicant(s) or any other party.	LENDER'S PHONE NUMBERS Phone: _____ Fax: _____
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Part I - Request

1. To (Name and address of landlord / creditor)	2. From (Name and address of lender)
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I certify that this verification has been sent directly to the bank of depository and has not passed through the hands of the applicant or any other party

3. Signature of Lender	4. Title	5. Date	6. Lender's No. (Optional)
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7. Information To Be Verified		
Property Address	Account in the Name of See Below <input checked="" type="checkbox"/> Mortgage/Land Contract <input type="checkbox"/> Rental	Account No.

8. Name and Address of Applicant(s)	9. Signature of Applicant(s)
	<input checked="" type="checkbox"/> See attached authorization
	<input checked="" type="checkbox"/>

Part II - To Be Completed by Landlord/Creditor

We have received an application for a loan from the above, to whom we understand you rent or have extended a loan. In addition to the information requested below please furnish us with any information you might have that will assist us in the processing of the loan.

<input type="checkbox"/> RENTAL ACCOUNT 10. Tenant has rented since _____ Amount of rent \$ _____ Is rent in arrears? Yes ___ No ___ Amount \$ _____ Period _____ Number of late payments (over 30 days) _____ Is account satisfactory? Yes ___ No ___	<input checked="" type="checkbox"/> MORTGAGE ACCOUNT / LAND CONTRACT <table style="width: 100%;"> <tr> <td style="width: 33%;">11. Date mortgage originated _____</td> <td style="width: 33%;">12. Interest rate _____ %</td> </tr> <tr> <td>Original mortgage amount \$ _____</td> <td>FIXED _____ ARM _____</td> </tr> <tr> <td>Current Mortgage balance \$ _____</td> <td>FHA _____ VA _____</td> </tr> <tr> <td>Monthly Payment P & I only \$ _____</td> <td>FNMA _____ CONV. _____</td> </tr> <tr> <td>Payment with taxes & Ins. \$ _____</td> <td>Next pay date _____</td> </tr> <tr> <td>Is mortgage current? Yes ___ No ___</td> <td>No. of late payments (over 30 days) _____</td> </tr> <tr> <td>Is mortgage assumable? Yes ___ No ___</td> <td>last 12 mths _____</td> </tr> <tr> <td>Satisfactory account? Yes ___ No ___</td> <td>Insurance agent _____</td> </tr> </table>	11. Date mortgage originated _____	12. Interest rate _____ %	Original mortgage amount \$ _____	FIXED _____ ARM _____	Current Mortgage balance \$ _____	FHA _____ VA _____	Monthly Payment P & I only \$ _____	FNMA _____ CONV. _____	Payment with taxes & Ins. \$ _____	Next pay date _____	Is mortgage current? Yes ___ No ___	No. of late payments (over 30 days) _____	Is mortgage assumable? Yes ___ No ___	last 12 mths _____	Satisfactory account? Yes ___ No ___	Insurance agent _____
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** Payment History for the previous 12 months must be provided in order to comply with secondary mortgage market requirements.*

13. Additional information which may be of assistance in determination of credit worthiness. (Please include information on loans paid-in-full)

Part III - Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guarantee or insurance by the VA Secretary, the USDA, FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

14. Signature of Authorized Representative	15. Title (Please print or type)	16. Date
17. Please print or type name signed in item 14	18. Phone Number	